

Universal Testing at Homeless Service Sites

Thank you for participating in this survey. Your participation informs the national response to COVID-19 among people experiencing homelessness.

The results of this survey are confidential. The name of survey respondents or sites will never be associated with survey responses or be revealed in reporting that results from this study. When survey results are reported they will be aggregated and presented at a County/State/Continuum of Care level. Results for areas with fewer than 5 respondents will never be reported to reduce the risk of breach of confidentiality.

The name and location of the site are required in order to prevent duplication of data and keep track of sites that hold multiple testing events. Please complete this survey about each unique testing event.

The survey will take less than 20 minutes. If you are not able to complete the survey at this time you can save it and return to it later.

Pre-Screen Survey

By participating in this survey you agree to provide information that will be reported in a confidential manner that does not identify the respondent or the homeless service site.

- I agree
 I disagree

By selecting "I agree", you are indicating that you have read the above information and consent to participate in the survey.

Was the testing event intended to reach all persons at a location (shelter, facility, encampment) regardless of symptoms or risk?

- Yes
 No
 (Please indicate if the testing was available to all residents, clients, or staff and not reserved for people who displayed symptoms or were considered to be high risk due to age or medical conditions.)

General Information

Name of Respondent

Affiliation

Date

Name of Site

Location of Site: City

Location of Site: State

Testing Information

Date of testing event

Type(s) of test performed (check all that apply)

- Oropharyngeal (OP)
 Nasopharyngeal (NP)
 Nasal Swab

Did the testing event occur in response to any of the following?

- A confirmed case among client or staff
 2 or more confirmed cases among clients or staff
 One or more suspected cases or symptomatic clients or staff
 Confirmed or suspected case(s) at nearby facilities/sites
 Other

Other, specify

Total clients tested

Total staff tested

Total declined test (clients or staff)

(Number who chose not to participate in testing)**Client Lab Results**

Positive/Detected

(Number of positive test results among clients)

Negative/Not Detected

(Number of negative test results among clients)

Inconclusive

(Number of results requiring a retest or validation among clients)**Staff Lab Results**

Positive/Detected

(Number of positive test results among staff)

Negative/Not Detected

(Number of negative test results among staff)

Inconclusive

(Number of results requiring a retest or validation among staff)

Symptom Information

COVID-like symptoms include fever, cough, shortness of breath, new loss of taste or smell, chills, muscle pain, headaches, sore throat (or combination of other symptoms).

Total clients positive with COVID-like symptoms

(Total clients with positive lab results who screened positive for symptoms)

Total clients negative with COVID-like symptoms

(Total clients with negative lab results who screened positive for symptoms)

Total staff positive with COVID-like symptoms

(Total staff with positive lab results who screened positive for symptoms)

Total staff negative with COVID-like symptoms

(Total staff with negative lab results who screened positive for symptoms)

Symptom Screening: Please check all of the COVID-like symptoms for which testing event(s) participants were screened.

- Fever >100.4F
- Subjective fever
- Cough
- Shortness of breath or difficulty breathing
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste
- Loss of smell
- Nausea
- Vomiting
- Diarrhea
- Other

Other, specify

Site Information and Characteristics of Population Served

Type of Site

- Drop in shelter
- Longer stay shelter (>30 days)
- Day center
- Transitional housing
- Permanent supportive housing
- Inpatient drug/alcohol rehabilitation center
- Correctional facility
- Encampment
- Other

Other, specify

Average Daily Census (Number of people served per day at the time of testing)

Total Bed Count

Site Population Focus

- Youth
- Family
- Women
- Men
- Other

Other, specify

Estimated Age Composition of Population on a Typical Night

Percent 18-64

Percent under 18

Percent 65 and older

Estimated Gender Composition of Population on a Typical Night

Percent women

Percent men

Percent non-binary or gender nonconforming

Percent other

Other, specify

Estimated Ethnic Composition of Population on a Typical Night

Percent Hispanic/Latino _____

Percent not Hispanic/Latino _____

Percent ethnicity unknown _____

Estimated Racial Composition of Population on a Typical Night

Percent African American/Black _____

Percent American Indian/Alaska Native _____

Percent Asian _____

Percent Native Hawaiian/Other Pacific Islander _____

Percent White _____

Percent other _____

Other, specify _____

Percent race unknown _____

Estimated Veteran Status of Population on a Typical Night

Percent veterans _____

Percent not veterans _____

Percent veteran status unknown _____